

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.

FILING DATE

104509138

EXPIRATION DATE

CLAIMS

AS FILED	AFTER		AFTER		
	AMENDMENT	DEP.	AMENDMENT	DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27	1				
28		1			
29			1		
30				1	
31					1
32					2
33					3
34					4
35					5
36					6
37					7
38					8
39					9
40					10
41					11
42					12
43					13
44					14
45					15
46					16
47					17
48					18
49					19
50					20
TOTAL IND.	3				
TOTAL DEP.	29	↓	↓	↓	↓
TOTAL CLAIMS	32	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

TOTAL

IND.

DEP.

CLAIMS